

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000638

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 69
FILED FEB 5 1962

AMENDED

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Alexander	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Length of stay in 1b 3 days	c. CITY OR TOWN Olive Branch,
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Everett Middle Duncan Last Powless			4. DATE OF DEATH Month Jan. Day 29 Year 1962
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/12/1907
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor		10b. KIND OF BUSINESS OR INDUSTRY Motel	9. AGE (last birthday) 54
11. BIRTHPLACE (City and state or country) Diswood, Illinois		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Wm Hall Powless		13b. MOTHER'S MAIDEN NAME Altha Lawrence	14. NAME OF HUSBAND OR WIFE Helen Powless
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 9	17. INFORMANT Helen Powless Address Olive Branch, Ill.
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cc Colon & Metastases			INTERVAL BETWEEN ONSET AND DEATH 1 1/2 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 3/31/62 to Jan. 29, 1962 and last saw him her alive on 1/29/62 Death occurred at 7:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Frank Hall M.D. (Degree or title)		22b. ADDRESS Cape Girardeau, Mo	22c. DATE SIGNED 1-30-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/31/62	23c. NAME OF CEMETERY OR CREMATORY Hickory Mergis	23d. LOCATION (City, town, or county) Tamms, RFD, Illinois
24. FUNERAL DIRECTOR J.E. Farnsworth, Farnsworth P.H., Tamms, Ill.		25. DATE RECD. BY LOCAL REG. 1-30-62	26. REGISTRAR'S SIGNATURE Lrene Kasten

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

FEB 9 1962

FEB 6 1962

MAR 16 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *J. J. Ammerth*

Licensed Embalmer No. 8341

P. O. Address Jamms, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.